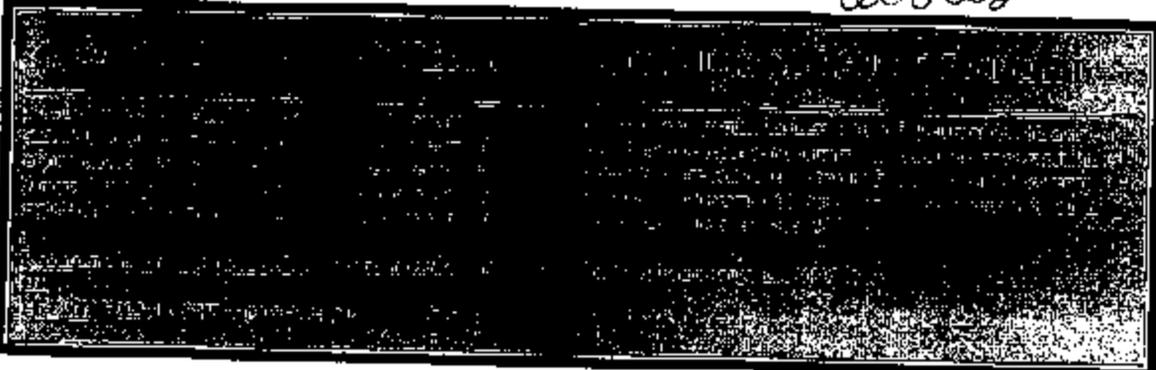


1008-002



REPORT COVERING:

G JANUARY 1 through JUNE 30, _____ - DUE BY AUGUST 15 **2080063**

G JANUARY 1 through DECEMBER 31, 2007 - DUE BY FEBRUARY 15

FOR OFFICE USE ONLY

Postmark Date: _____

1 Name: SEXENY STEVE
Last First MI

2. Business Address: 1180 AVENUE OF THE AMERICAS NY NY 10036
Street and No. City State Zip

Mailing Address: _____

3. Business Phone: (781) 619 2440
Area, Code and Telephone Number

4. Employer: NEW YORK LIFE INVESTMENT MANAGEMENT, LLC

5. Employer's address: 1180 AVE OF THE AMERICAS NY NY 10036
Street and No. City State Zip

6. Did you make an expenditure exceeding \$50 on one occasion for a retirement system official:

From January 1 through June 30: Yes No
From July 1 through December 31: Yes No NA

If the answer to either question in number 6 above is YES, complete Schedule A and attach.

7. Did you make expenditures exceeding the sum of \$250 for a retirement system official:

From January 1 through June 30: Yes No
From July 1 through December 31: Yes No NA

If the answer to either question in number 7 above is YES, complete Schedule A and attach.

8. PROVIDE B.S.L. 0W (a) the name of the state or statewide public retirement system; (b) the aggregate total of all expenditures attributable to the retirement system made during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the retirement system made during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to the retirement system.

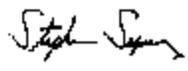
1) a. Name of Retirement System: TEACHERS' RETIREMENT SYSTEM OF LOUISIANA
b. Total of all expenditures made January 1 through June 30: \$ 0.00
c. Total of all expenditures made July 1 through December 31: \$ 918.78
(When applicable)
d. Total of all expenditures made during the calendar year: \$ 918.78

2) a. Name of Retirement System: _____
b. Total of all expenditures made January 1 through June 30: \$ _____
c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable)
d. Total of all expenditures made during the calendar year: \$ _____

3) a. Name of Retirement System: _____
b. Total of all expenditures made January 1 through June 30: \$ _____
c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable)
d. Total of all expenditures made during the calendar year: \$ _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief that all reportable expenditures have been included herein; and that no information required by LSA-R.S. 42:111-2 has been deliberately omitted.



Signature of Filer

